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STATE OF WISCONSIN

FIRST JUDICIAL DISTRICT

MILWAUKEE COUNTY COURTHOUSE
901 NORTH NINTH STREET, ROOM 609
MILWAUKEE, WISCONSIN 53233-1425

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**CHIEF JUDGE
DIRECTIVE
11-01**

DATE: January 5, 2011

TO: All Judges, All Court Commissioners, District Court Administrator, Deputy District Court Administrator, County Executive, Clerk of Circuit Court, Corporation Counsel, Sheriff, District Attorney, City Attorney, Public Defender, Court Coordinators, Court Reporting Services, IMSD, Legal Resource Center, CCAP, Facilities Management, Milwaukee Bar Association and Press

FROM: Chief Judge Jeffrey A. Kremers


RE: AFFIDAVIT AND ORDER FOR PAYMENT OF ATTORNEY FEES & COSTS

IT IS HEREBY DIRECTED that, effective January 5, 2011, Form 3456 R7_Criminal (Affidavit and Order for Payment of Attorney Fees and Costs) and Form 3456 R7_Family (Affidavit and Order for Payment of Attorney Fees and Costs) is rescinded and replaced with Form 3456 R9_Criminal and Form 3456 R9_Family (attached).

Form 3456 R9_Criminal and Form 3456 R9_Family are available in courtrooms.

IT IS FURTHER DIRECTED that effective March 1, 2011, old form 3456 R7 will no longer be accepted for payment of attorney fees.

Dated at Milwaukee, Wisconsin, this 5th day of January, 2011.


Jeffrey A. Kremers
Chief Judge

JAK:bjs

Attachments

STATE OF WISCONSIN, CIRCUIT COURT, MILWAUKEE COUNTY, CRIMINAL DIVISION

For Official Use

STATE OF WISCONSIN,
v.**Affidavit and Order for Payment
of Attorney Fees and Costs**_____, Defendant Case No. _____
Name

_____ being first duly sworn on oath, states that:

1. I was appointed to represent the defendant in this proceeding (☐ Order attached).
2. I was occupied in preparation of the case and in court appearances for _____ hours (☐ 4 copies of itemized statement attached). (☐ Also attached are invoices for transcript preparation fees previously paid by Milwaukee County.)
3. My actual expenses allowed by statute were \$_____ (see itemized statement).
4. I have not received payment for my services or expenses as of this date, except in the amount of \$_____.
5. Attached is a stamped envelope addressed to the defendant's last known address.

Subscribed and sworn to before me this _____
day of _____, 20__________
Attorney/Affiant

(Notary Public, State of Wisconsin)

My Commission expires: _____

COURT FINDINGS AND ORDER

1. The court made the appointment referenced above.
2. The court finds that the sum of \$_____ is reasonable compensation for the attorney for the services rendered and expenses incurred.
3. The court orders Milwaukee County to pay the sum of \$_____ to:

(Name) _____

(Address) _____

IRS No. _____

4. **This order will become effective 15 days from the date of the order unless the defendant files a written objection with the Clerk of Circuit Court. If any objection is filed within 15 days, a hearing will be held. A copy of this Order and notice of any hearing shall be sent to the defendant at his/her last known address.**
- ☐ 5. The defendant shall repay Milwaukee County the total amount of \$_____, payable to the Clerk of Circuit Court. The total amount is due on or before _____.
- ☐ 6. The defendant shall repay Milwaukee County the monthly amount of \$_____, payable to the Clerk of Circuit Court, on or before the 1st day of every month starting on _____ until the total amount of \$_____ is repaid.
- ☐ 7. If the defendant fails to comply with this order, a civil judgment shall be awarded to the Clerk of Circuit Court for the amount of unpaid fees and expenses as costs, pursuant to Wis. Stat. § 973.06(1)(e).
8. Past due accounts shall be referred for collection and tax intercept.

Dated this _____ day of _____, 20_____.

By _____
CIRCUIT COURT JUDGE**Account Distribution**

ORG. ACCT.

_____/6106

_____/6113

_____/6108

**Payments should be sent to Clerk of Circuit Court, Criminal
Division, 821 W. State Street, # 117, Milwaukee WI 53233**

Original DAS Accts Payable – White

Court File – Yellow

Department File – Pink

Defendant – Goldenrod

STATE OF WISCONSIN, CIRCUIT COURT, MILWAUKEE COUNTY, FAMILY DIVISION

For Official Use

Name

v.

Affidavit and Order for Payment
of Attorney Fees and Costs

Case No. _____

Name

_____ being first duly sworn on oath, states that:

1. I was appointed as ☐ GAL ☐ Attorney in this proceeding (☐ Order attached).
2. I was occupied in preparation of the case and in court appearances for _____ hours (☐ 5 copies of itemized statement attached).
3. My actual expenses allowed by statute were \$ _____ (see itemized statement).
4. I have not received payment for my services or expenses as of this date, except in the amount of \$ _____.
5. Attached are stamped envelopes addressed to the parties' last known addresses.

Subscribed and sworn to before me this _____
day of _____, 20__________
Attorney/Affiant

(Notary Public, State of Wisconsin)

My Commission expires: _____

COURT FINDINGS AND ORDER

1. The court made the appointment referenced above.
2. The court finds that the sum of \$ _____ is reasonable compensation for the attorney for the services rendered and expenses incurred.
3. The court orders Milwaukee County to pay the said sum to:

(Name) _____

(Address) _____

IRS No. _____

4. _____ shall reimburse Milwaukee County the sum of \$ _____ payable as follows:

(Name) _____

_____ shall reimburse Milwaukee County the sum of \$ _____ payable as follows:

(Name) _____

5. **This order will become effective in 15 days unless a party files a written objection with the Clerk of Circuit Court. If any objection is filed within 15 days, a hearing will be held.** A copy of this Order and notice of any hearing shall be mailed to the parties at their last known addresses
6. Past due accounts may be referred for collection and tax intercept.

Dated this _____ day of _____, 20_____.

By _____
CIRCUIT COURT JUDGE

Account Distribution

ORG. ACCT.

_____/6106

_____/6113

_____/6108

Payments should be sent to Clerk of Circuit Court,
901 N. 9th Street, Room 104-I, Milwaukee WI 53233

Original DAS Accts Payable - White

Court File - Green

CSE - Yellow

Party 1 - Pink

Party 2 - Gold

3456 R9_Civil